

Update Information for Medicare Preventive Services...To Help Keep You Healthy

Please note since the printing of this pamphlet in May 2001, the following changes have been made:

Front Cover:

- Add “Glaucoma Screening” to the list of preventive services Medicare covers.

In the column entitled Covered Services:

- Bone Mass Measurements – the sentence should read, “Frequency of test varies with your health status.”
- Colonoscopy - the second sentence should read, “If you are not at high risk for colon cancer, once every 10 years, but not within 48 months of a screening flexible sigmoidoscopy.”
- Barium Enema - the sentence should read “Doctor can decide to use this instead of a flexible sigmoidoscopy or colonoscopy.”
- Change “Pap smear” to “Pap test.” The text should read, “(Includes a clinical breast exam) Once every 24 months. Once every 12 months if you are at high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap test in the past 36 months.”
- Pneumococcal Pneumonia Shot – the text should read, “One shot may be all you ever need. Ask your doctor.”
- Hepatitis B Shot – Delete, “If you are at medium to high risk for hepatitis.”
- Glaucoma Screening – Delete “Starting January 2, 2002.”

In the column entitled Who is Covered:

- Row 2 should read, “All people with Medicare age 50 and older, except there is no minimum age for having a colonoscopy.”
- Row 4 should read, ”Certain people with Medicare who are at risk for complications from diabetes, if requested by your doctor or other provider.”
- Row 7 should read, “All men with Medicare age 50 and older (coverage begins the day after the 50th birthday).”
- Row 8 add, “Certain people with Medicare at medium to high risk for Hepatitis B.”
- Row 9 should read, ”People with Medicare who are at high risk for glaucoma, including people with diabetes, a family history of glaucoma, or African-Americans who are age 50 and older.”

In the column entitled What You Pay:

- Where there is mention of a “set copayment amount” in rows 1,6, and 8, delete the word “set.”
- Change “Pap smear” to “Pap test.”

Perforated Cards (front):

Flu, Pneumococcal Pneumonia, and Hepatitis B Shots

- Hepatitis B shots are covered only for persons at medium to high risk for Hepatitis B.

Pap Smear and Pelvic Exam

- Change “Pap smear” to “Pap test.”

Perforated Cards (back):

How often will Medicare cover a Pap test and pelvic exam?

- Change “Pap smear” to “Pap test.”
- In the last sentence of the first paragraph, delete, “Starting July 1, 2001.”

How often will Medicare cover colorectal exams?

- Paragraph should read, ”A fecal occult blood test is covered once every 12 months and a flexible sigmoidoscopy once every 48 months. If you are at high risk for colon cancer, Medicare covers a colonoscopy every 24 months. If you are not at high risk for colon cancer, Medicare covers a colonoscopy once every 10 years, but not within 48 months of a screening flexible sigmoidoscopy. A doctor can decide to use a barium enema instead of a flexible sigmoidoscopy or colonoscopy.

How often will Medicare cover these shots?

- Medicare will pay for a Hepatitis B shot if you are at medium to high risk for Hepatitis B.

Back Cover

- Replace Health Care Financing Administration with Centers for Medicare & Medicaid Services
- To get this booklet in English, Spanish, or Chinese, call 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048.
- Replace HCFA logo with CMS logo.

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